



# City of Santa Barbara

## DESIGN REVIEW FINAL APPROVAL SUBMITTAL CHECKLIST

Please provide required details & sheet references with your submittal for Final Approval, if applicable, (fill in the blank) or N/A for the following. (Please note that the granting of a final approval does not relieve an applicant from any omissions of required information):

**Project Address** \_\_\_\_\_ **MST#** \_\_\_\_\_

### ALL BUILDING ELEVATIONS:

- |  |  |
|--|--|
| <input type="checkbox"/> Exterior Details _____            | <input type="checkbox"/> Paint and/or Stain Color (trim, etc.) _____ |
| <input type="checkbox"/> Exterior Finishes _____           | <input type="checkbox"/> Materials (roofing, plaster, etc.) _____    |
| <input type="checkbox"/> Parapet Heights _____             | <input type="checkbox"/> Exterior Lighting (incl. cut sheets) _____  |
| <input type="checkbox"/> Roof/Attic/Understory Vents _____ | <input type="checkbox"/> Specification Sheets, as applicable _____   |

### ALL EXTERIOR CONSTRUCTION DETAILS MUST INCLUDE:

- |  |  |
|--|--|
| <input type="checkbox"/> Retaining Wall _____        | <input type="checkbox"/> Ironwork _____                |
| <input type="checkbox"/> Window/Door detail _____    | <input type="checkbox"/> Stairs _____                  |
| <input type="checkbox"/> Roof Details (eaves) _____  | <input type="checkbox"/> Handrails _____               |
| <input type="checkbox"/> Decks _____                 | <input type="checkbox"/> Skylights _____               |
| <input type="checkbox"/> Fences/Arbors/Trellis _____ | <input type="checkbox"/> Awnings _____                 |
| <input type="checkbox"/> Trash Enclosures _____      | <input type="checkbox"/> Gutters and Down Spouts _____ |

### EXTERIOR ELECTRICAL/MECHANICAL/PLUMBING EQUIPMENT:

- |   |  |
|---|--|
| <input type="checkbox"/> Transformer Vault _____  |  |
| <input type="checkbox"/> Utility Service Meter _____  |  |
| <input type="checkbox"/> Screening Elements _____   |  |
| <input type="checkbox"/> Generators/Electrical /Mechanical/HVAC (including cut sheets & dBA CNEL at property lines) _____ |  |
| <input type="checkbox"/> Fire Valves (Verify Fire Sprinkler Ordinance per SBMC § 8.04. requirements) _____                |  |
| <input type="checkbox"/> Cross Connection Control Devices _____   |  |

### CONSULTANT/ENGINEER PLANS (only sheets including exterior details, as applicable):

- |   |   |
|---|---|
| <input type="checkbox"/> Electrical _____ | <input type="checkbox"/> Structural _____ |
| <input type="checkbox"/> Mechanical _____ | <input type="checkbox"/> Plumbing _____   |

### ROOFTOP ARCHITECTURAL DETAILS:

- |   |
|---|
| <input type="checkbox"/> HVAC Equipment (exhaust fans, condensing units, air conditioning units, etc.) _____  |
| <input type="checkbox"/> Dimensions _____   |
| <input type="checkbox"/> Mission tile roofing installation specifications _____   |
| <input type="checkbox"/> Specification Sheet, if applicable _____   |
| <input type="checkbox"/> Parapet Height _____   |
| <input type="checkbox"/> Screens _____  |
| <input type="checkbox"/> Chimney Caps _____   |
| <input type="checkbox"/> Flashing _____   |
| <input type="checkbox"/> Gutters/ Scuppers _____  |
| <input type="checkbox"/> Approximately 300 square feet of south, east or west facing roof space free of vents, mechanical equipment, and skylights for potential future solar panel installation (if applicable). _____ |

**COLOR AND MATERIAL BOARDS** (mounted on boards no larger than 8.5" x 14"):

- |  |       |
|--|-------|
| <input type="checkbox"/> Paint and Stain Color Names and Numbers   | _____ |
| <input type="checkbox"/> Material Type, Brand and Inventory Number | _____ |

**LANDSCAPE PLAN DETAILS** (if applicable):

- |   |       |   |       |
|---|-------|---|-------|
| <input type="checkbox"/> Irrigation Plan          | _____ | <input type="checkbox"/> Outdoor Furniture                | _____ |
| <input type="checkbox"/> Plant Species/Sizes      | _____ | <input type="checkbox"/> Landscape Compliance Statement   | _____ |
| <input type="checkbox"/> Planters and Pots        | _____ | <input type="checkbox"/> Site Walls (materials and color) | _____ |
| <input type="checkbox"/> Paving Materials         | _____ | <input type="checkbox"/> Backflow Device                  | _____ |
| <input type="checkbox"/> Erosion Control Measures | _____ |   |       |

**BUILT GREEN REQUIREMENTS** (if single-family home > 4,000 sq. ft.):

- |  |       |
|--|-------|
| <input type="checkbox"/> Reproduce applicable SB Built Green checklist pages on a plan sheet and reference the sheet where each point item is depicted on the project plans. | _____ |
| <input type="checkbox"/> Notes on plans keyed to the applicable SB Built Green checklist items   | _____ |

**HIGH FIRE AREA REQUIREMENTS** (high fire area only):

- |   |       |
|---|-------|
| <input type="checkbox"/> Is project located in High Fire Area? YES/NO | _____ |
| <input type="checkbox"/> High fire roof coverings, valleys, gutters,  | _____ |

**STORM WATER MANAGEMENT PLAN REQUIREMENTS** (if applicable):

- |   |       |
|---|-------|
| <input type="checkbox"/> TIER 1 Voluntary               | _____ |
| <input type="checkbox"/> TIER 2 Basic BMP               | _____ |
| <input type="checkbox"/> TIER 2 Treatment Rate & Volume | _____ |
| <input type="checkbox"/> TIER 3 Exempt                  | _____ |
| <input type="checkbox"/> TIER 3 Treatment               | _____ |
| <input type="checkbox"/> TIER 3 Treatment Rate & Volume | _____ |